

CACFP ANNUAL FORM

Program Name														First Day in Care								
STEP 1	First Name	Last Name	Date of Birth	Enrolled?	Times of Care		Usual Days						Meals Received						Race*	Ethnicity**	Foster Child?	
					Arrive	Leave	M	T	W	T	F	S	S	B	AM	L	PM	S	EV			
Race*		I: American Indian or Alaskan Native, A : Asian, B : Black or African American, P : Native Hawaiian or other Pacific Islander, W : White										Ethnicity**		H: Hispanic or Latino OR N : Not Hispanic or Latino								
STEP 2	Infant's Name		The iron fortified infant formula this center offers is																			
	Center will provide formula		I will provide breastmilk						I will provide 1 solid food not including breastmilk formula													
	I will provide formula		Center will provide solid food (rice cereal and jarred food)						I will provide 2 or more food items and decline the CACFP													
3	Do any household members participate in:			SNAP?	MFIP?	FDPIR?	If Yes, Case Number															
STEP 4	Adults – Full Name		Gross Pay		Farm or Self-Employment		Public Assist, Child Support, Alimony		All Other Incomes													
			How Much?	How Often?	How Much?	How Often?	How Much?	How Often?	How Much?	How Often?												
	How Often		W : Weekly, B : Bi-Weekly (every other week), 2 : Twice a month, M : Monthly						Child Income													
STEP 5	I certify (promise) that all information on this form is true and that all income is reported. I understand this information is given in connection with receipt of federal funds and that officials may check the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.																					
	Printed Name				Last 4 of Social Security Number SSN (if STEP 4 is completed)						No SSN											
	Signature				Date		Phone															
	Address				City, State, Zip Code																	

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Free (A) – Foster	Free (A) – Case Number	Free (A) - Income	Reduced (B) - Income	Paid (C)	Income: How Much	How Often
Effective Dates	TO	Signature	Date	2 nd Approval		

FARMER OR SELF-EMPLOYED

Income is your NET income (after deducting business expenses) from farm or self-employment during the year, which is generally shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

SEASONAL WORKER

Income is your expected AVERAGE GROSS INCOME before deductions (NOT take-home pay) from seasonal work during the year. List your AVERAGE GROSS INCOME from seasonal work per month or other frequency.

PRIVACY ACT STATEMENT / HOW INFORMATION IS USED

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

While listing your children’s race and ethnicity is voluntary, CACFP uses the percentages of participants in each racial and ethnic category to make sure CACFP is operated in a nondiscriminatory manner and in compliance with federal and civil rights laws. The information is not required and will not affect approval of benefits.

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the *USDA Program Discrimination Complaint Form (AD-3027)* found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) Fax: (202) 690-7442; or (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

SPONSOR USE ONLY: VERIFICATION OF PRICING PROGRAMS ONLY

Date Sent		Response Due		2 nd Notice		Result:		No Change		A to B		A to C		B to A		B to C
Reason for Change:		Income		Case # Not Verified		Foster Not Verified		Refused Cooperation		Other:						
Signature of Verifying Official										Date						